PLEASE PRINT

### STATE OF NEW HAMPSHIRE

## 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

**RECEIVED** 

OCT 17 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

	II. Name of lobbyist's partnership, firm or corporation, if any:					
N/A						
(Name of partnership,	firm or corporation)					
125 Washington Street, Suite	e 1 Foxboro	MA	02035			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)			
(508) 698-4994	(508) 698-4990	e-mail kbourque@ph	rma.org			
(Telephone)	(Fax)					
All reportable transactions whi			following client:			
Pharmaceutical Research ar	nd Manufacturers of A	merica (PhRMA)				
•	Client as it appears on the Lobby	yist Registration Form)				
OR  ☐ All reportable transactions by the lounrelated to any particular client.	obbyist (including the lobby	ist's family), or the lobbying	firm listed below wl			
IV. Date of Report April 26, 201 Reports cover: activity from date of re		July 26, 2017 activity from 4/1/17 to 6/30/17				
October 25, 2 activity from 7/1/		January 31, 2018 activity from 10/1/17 to 12/31/1	7			
V. There have been no fees received this box is checked, complete just the Concord, NH 03301.						
VI. Check if additional reports are a	ittached:					
	expenditures, you must file	Addendum A Fees and Exp	enses			

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

	ffirmation by Lobby te and Expenses for:	yist	
Name of Lobbying par	rtnership, firm, or corpo	oration: Kevin Bourque	
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client): Pha	rmaceutical Research a	and Manufacturers of Ame	rica (PhRMA)
Date of Report (check	one):		
April 26, 2017 □	July 26, 2017 □	October 25, 2017 🗹	January 31, 2018 □
			nd Expenses described above, and umber of Addendum forms being
0 Addendum A(	s).		
0 Addendum B(	s).		
Addendum C(s	s).		
	m that the foregoing in f my knowledge and bel		nt and each Addendum is true and
(Signapare of lob) vist)		·· <del>···</del>	16/13/11 (Date)
(Signature of lobby)ist) Kevin Bourque			(Daic)
(Print Name of lobbyis	st)		

## STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

I. Name of Lobbyist(s) Kevir	n Bourque				
II. Name of lobbyist's part	nership, firm or co	rporation, if any:			
N/A					
(Name of partn	ership, firm or corporation)		<del></del>		
III. Name of Client Pharmace	utical Research and Man	ufacturers of America (PhRM	A) Date 10/11/2017		
Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid on behalf of the client/lobbyist and lobbying firm, indicate the following:					
Full name of candidate: _		Please see attached			
			(Middle Name/Initial)		
Amount of contribution \$		Office Candidate is	Seeking		
Full name of candidate:					
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$		Office Candidate is	s Seeking		
If the contribution is an in-kind	d contribution, provide ibution on the line abo	e a description of the good	s or services provided, and enter the ation. If the actual cost is not known,		
Full name of candidate:			02111 N		
	(Last Name)	(First Name)	(Middle Name/Initial)		
Amount of contribution \$		Office Candidate is	s Seeking		

(If more than three contributions were made, re	eport additional contributions on separate addendum C forms.)		
Sworn Statement/Affirmation by Lo	bbyist		
I have read RSA 15, RSA 15-B and Ris true and complete to the best of my	SA 664 and hereby swear or affirm that the foregoing information knowledge and belief.		
	10/13/17		
(Signature of loubyist)	(Date)		